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FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Technology Center 1745	Tracy M. Heims
COMPANY:	DATE:
U.S. Patent & Trademark Office	3/2/2006
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
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(571) 272-1289	001-03-033
RE:	YOUR REFERENCE NUMBER:
Amendment & Request for Reconsideration	09/807,214

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE FILE

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Included herewith: PTO/SB/21 Transmittal Form (1 page), PTO/SB/22 Petition for Extension of Time (1 page), Amendment and Request for Reconsideration (5 pages), Affidavit by Applicant (5 pages).

Please direct any questions concerning this application to Tracy M Heims at the phone number listed above.

Sincerely,

Tracy M Heims

MAR 02 2006

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM	
(To be used for all correspondence after initial filing)	
Total Number of Pages In This Submission	12
Application Number 09/807,214	
Filing Date 08/08/2001	
First Named Inventor Takaya Sato	
Art Unit 1745	
Examiner Name Julian A Mercado	
Attorney Docket Number 001-03-033	

ENCLOSURES (Check all that apply)																			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Applicant Declaration (5 pages) <input type="checkbox"/> Remarks																	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT <table border="1"> <tr> <td>Firm Name</td> <td colspan="3">Apex Juris, pllc</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> </tr> <tr> <td>Printed name</td> <td colspan="3">Tracy M Heims</td> </tr> <tr> <td>Date</td> <td>03/02/2006</td> <td>Reg. No.</td> <td>53,010</td> </tr> </table>				Firm Name	Apex Juris, pllc			Signature				Printed name	Tracy M Heims			Date	03/02/2006	Reg. No.	53,010
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Printed name	Tracy M Heims																		
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CERTIFICATE OF TRANSMISSION/MAILING

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Signature		Date	03/02/2006
Typed or printed name	Tracy M Heims		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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